



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E249035**

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2 5 1
3
1 1 8 28
2
3

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-01388
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION	
M M D D Y Y Y Y	06 - 07 - 2013
TIME (2400)	1447
COUNTY #	31
MILES	
CITY #	0664
DATE OF COLLISION	06 - 07 - 2013
TIME (2400)	1447
COUNTY #	31
MILES	
CITY #	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
MARKET PL.	BLOCK NO. <input checked="" type="checkbox"/>	9600
	MILE POST <input type="checkbox"/>	

DISTANCE	100	00	MILES	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	E	<input type="checkbox"/>	W	OF (REFERENCE OR CROSS STREET)	95 AVE
			FEET	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252326862
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LAST NAME	HUBBARD	FIRST NAME	SARAH	MIDDLE INITIAL	N
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STREET NEW ADDRESS	11514 34TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	HUBBASN195LK	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06 - 12 - 1981
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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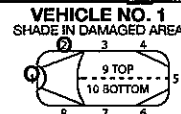
LICENSE PLATE #	606ZOY	STATE	WA	VIN#	19UUA9F52AA000598
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	ACUR	MODEL	TL4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SARAH HUBBARD 11514 34TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 9170667480327
VEHICLE LEGALITY STANDINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257607578
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LAST NAME	RODRIGUEZ PEREZ	FIRST NAME	EDUARDO	MIDDLE INITIAL	
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STREET NEW ADDRESS	9331 12TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583708
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	RODRIE*055PA	STATE	WA	SEX	M	D.O.B. MMDDYYYY	10 - 01 - 1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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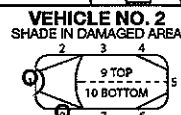
LICENSE PLATE #	B05957K	STATE	WA	VIN#	1GCDM19W1SB233055
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1995	MAKE	CHEV	MODEL	ASTRO	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MARIO RODRIGUEZ HERNANDEZ 9331 12TH PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4178454031
VEHICLE LEGALITY STANDINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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0 1 30
1 1 2 31
1 1 2 32
5 1 33
3 7 34
4 35
4 36
37
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39
40

1 41
1 42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E249035**

CASE # **13-01388**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **HUBBARD BLAKE H**

ADDRESS & PHONE # **11514 34TH ST NE LAKE STEVENS WA 98258 4252326862** SEX **M** D.O.B. **MMDDYYYY 09** - **26** - **2012**

PASSENGER ☒ WITNESS ☐ UNIT # **1** SEAT POS **7** AIRBAG **2** RESTR **5** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **HUBBARD BROOKE N**

ADDRESS & PHONE # **11514 34TH ST NE LAKE STEVENS WA 98258 4252326862** SEX **F** D.O.B. **MMDDYYYY 07** - **18** - **2009**

PASSENGER ☒ WITNESS ☐ UNIT # **1** SEAT POS **9** AIRBAG **2** RESTR **8** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **HERNANDEZ VERGINIA**

ADDRESS & PHONE # **505 CEDAR CT GRANITE FALLS WA 98252 4252902697** SEX **F** D.O.B. **MMDDYYYY 05** - **21** - **1965**

PASSENGER ☐ WITNESS ☒ UNIT # **1** SEAT POS **9** AIRBAG **2** RESTR **8** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NARRATIVE

Unit 1 was crossing from the Papa Johns parking lot to the Target parking lot from South to North across Market Place. Unit 2 was Westbound on Market Place. Unit 1 pulled out in front of and collided with Unit 2. There were no reported injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

06-08-13 11:24 AM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

6/8/2013 4:08:45 PM

BADGE OR ID # **013**

ORI # **WA0311900**

TIME POLICE DISPATCHED **2:47 PM**

TIME POLICE ARRIVED **3:01 PM**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E249035

CASE #

13-01388

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

LUGO JUAN P

ADDRESS & PHONE #

505 CEDAR CT GRANITE FALLS WA 98252 4252932763

SEX

M

D.O.B.
MMDDYYYY

11

28

1995

PASSENGER

☐

WITNESS

☒

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER

☐

WITNESS

☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER

☐

WITNESS

☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

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RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-08-13 11:24 AM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

6/8/2013 4:08:45 PM

BADGE OR ID #

013

ORI #

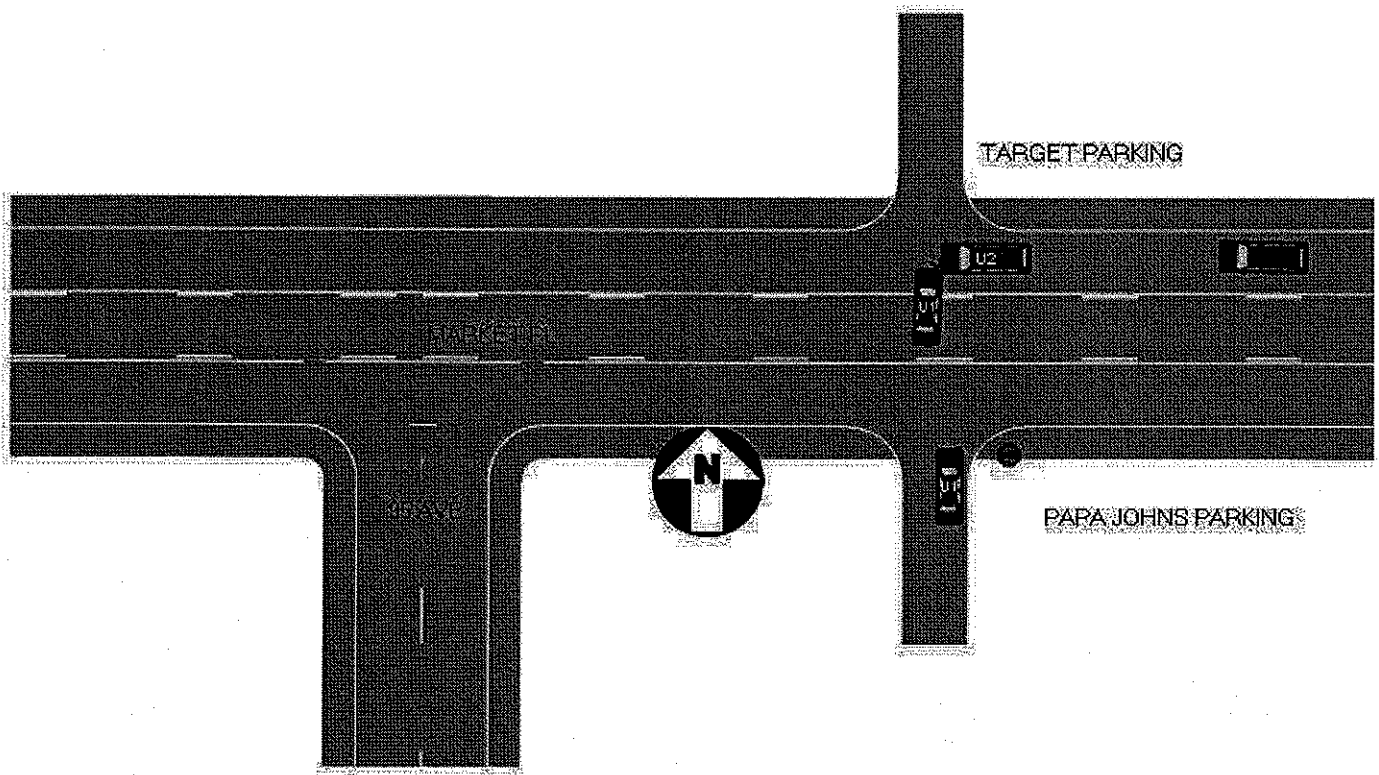
WA0311900

TIME POLICE DISPATCHED

2:47 PM

TIME POLICE ARRIVED

3:01 PM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lugo Juan Pablo	RACE	ETH	SEX	DOB 11-28-95	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 505 Cedar Ct.		CITY Gorvite Falls				STATE WA	ZIP 98252		RES. STATUS	
HOME PHONE 360-691-4645		CELL PHONE 425-293-2763				PLACE OF EMPLOYMENT				
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On Friday June 7th I witnessed a black Acura turn out of a parking lot pretty fast and hit a black Chevy Van that ~~was~~ had the right of way because he was already driving on the street.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

Hernandez Virginia VICTIM / WITNESS													
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS				CITY				STATE	ZIP	RES. STATUS			
505 cedar CT				Granite falls				WA	98252				
HOME PHONE				CELL PHONE				PLACE OF EMPLOYMENT					
360 361 4645				425 290-9697									
WORK PHONE				EMAIL ADDRESS									
360 361-4645													

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

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I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-01388

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Rodriguez Perez Eduardo	RACE	ETH	SEX M	DOB 10-01-1995	AGE 17	HGT 5'8	WGT 115	HAIR Black	EYES Brown
STREET ADDRESS 9331 12 th PI SE		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 397 2389		CELL PHONE 360 517 3567		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS eddie.rod033@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On 6/7/13 I was Driving down market place by target. I was going 30 on a 35 mph Driving towards highway 9. And there was no cars in front of me and this lady was ~~there~~ waiting to get out the Drive way. She was there and I kept going and I turn to see cuz I saw a car headed towards me. And I stomped on the brake and she hit the drivers front part of my truck. It looks like she stepped on the gas full on and hit me, like if she meant to! I banged my head on the side of the door and my arms, During the crash.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Eduardo Rodriguez	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hubbard, Sarah, Nichole	RACE	ETH	SEX F	DOB 6/12/81	AGE 31	HGT 5	WGT 5	HAIR BL	EYES Gray
STREET ADDRESS 11514 34th St NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-232-6862		CELL PHONE			PLACE OF EMPLOYMENT Harbour Pointe Dental Arts					
WORK PHONE 425-493-1300		EMAIL ADDRESS								

I, Sarah Hubbard, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was crossing from the Papa Johns Parking lot to the Target parking lot and did not see the black van coming from my right side, so we collided - my front right side - their front left side

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Sarah Hubbard</u>	DATE SIGNED 6/7/13	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___